

# **Incident Report**

**Print Date/Time:** 08/16/2016 09:53

Login ID: ss0143

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00015655

 Incident Date/Time:
 8/9/2016 2:04:00 PM

 Location:
 SR 9 NE / SR 204

LAKE STEVENS WA 98258

**Phone Number:** (360) 913-3491

Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens

 Source:
 911

 Priority:
 3

 Status:
 3

Nature of Call:

#### Unit/Personnel

UnitPersonnel19R1SS0133-Heinemann19S15SS0072-Aukerman

#### Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	GRANBERG, DOUGLAS JON	8414 131ST AVE			Male	08/26/1962
			Lake Stevens WA 982588818				
1	Driver	THOMPSON, CONRAD ARTHUR	103 E ALPINE ST	(360) 651-2214		Male	10/24/1944
			Granite Falls WA 982528465				
2	Driver	GRANBERG, DOUGLAS JON	8414 131ST AVE			Male	08/26/1962
			Lake Stevens WA 982588818				

Lake Stevens WA 982588818

### Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Disposition(s)							
Disposition	Count						

Property

Date Code Type Make Model Description Tag	ag No. It	tem No.
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### **CAD Narrative**

08/09/2016: 14:05:46 SP0137 Narrative: LR137

08/09/2016: 14:05:28 SP0137 Narrative: NON BLKING IN BUS PU AREA

08/09/2016: 14:05:15 SP0137 Narrative: 2 VEHS NON INJ. 2007 MAR HYUNDAI VS WHI BMW



# LAKE STEVENS POLICE DEPARTMENT

### **INCIDENT STATEMENT FORM**

CASE NUMBER 16-015655

VICTIM WITNESS	NO	N-DISCLOSURE
	O.O.B. AGE HGT	WGT HAIR EYES  BROWN STATE ZIP
HOME PHONE  3LO - 386 - 9899  EMAIL ADDRESS (OPTIONAL)	WORK PHONE  Refined  PLACE OF EMPLOY	MENT
STATEMENT:	\\\	
( )	hishway	ny 4
into my Lane constay an accide	CTT	
I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY UNDER THE STATE OF WASHINGTON TO SIGNATURE:	The state of the s	RUE AND CORRECT E/SIGNED:
OFFICER/NUMBER:  OUR MISSION STATEMENT TO THE MENT TO	0	SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURINGJUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE,
HEALTHY, AND PROSPEROUS COMMUNITY"

Page  $\angle$  OF  $\angle$ 



## LAKE STEVENS POLICE DEPARTMENT

**INCIDENT STATEMENT FORM** 

CASE NUMBER 16-015655

VICTIM WITNESS	NON-DISCLOSURE
NAME (LAST, FIRST, MIDDLE RACE ETHNICITY SEX MAGE) TOUGLAS J C MAGE	D.O.B. AGE HGT WGT HAIR EYES
STREET ADDRESS CITY SY 14 13154 Ave NE LK	STATE ZIP Stevens WA 98258
HOME PHONE CELL PHONE 360 - 651 - 2214 360 - 913 - 3491	WORK PHONE
EMAIL ADDRESS (OPTIONAL)	PLACE OF EMPLOYMENT BOEINGS
STATEMENT:	The second secon
I was traveling northbound in	the outside lane
of Highway 9 and Frontier Villa.	ive when I came
through the intersection, there	was a white BMW
making a kight turn onto thing	9. from Frontier
Village- Bmu) did not vield.	and turned into
the side of may car.	-
	r
I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY UNDER THE STATE OF WASHINGTON	THAT THE EOREGOING IS TRUE AND CORRECT
SIGNATURE:	DATE SIGNED:
OFFICER/NUMBER:	8-9-2016 DATE SIGNED:
HUKERMAN # 72	9-9-16

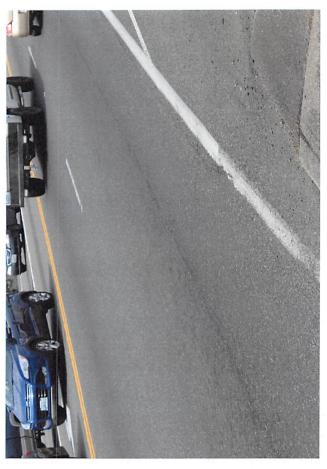
OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURINGJUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE,
HEALTHY, AND PROSPEROUS COMMUNITY"

Page / OF /















(E)		1 7 27
	COLLISION REPORT  1591971  CASE # 2016-00015655  CASE # 2016-00015655	
1 4	STATE ROUTE OTHER OTHER LOCAL AGENCY CODING	
2 1	COUNTY RD PRIVATE WAY   HIN A HUN   NO LIVED   TOTAL # OF   OBJECT	1 7 28
3 1	THIBAL UNITS 02 STRUCK  M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#	
<u> </u>	DATE OF COLLISION 08 - 09 - 2016 1404 31 S W OF W OF 0664 3	
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION V NON-INTERSECTION BLOCK NO.	0 0
4a	DISTANCE OF (REFERENCE OR CROSS STREET)	0 3 29
5	MILES N E TTH PL NE	
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET YES NO DE 3606512214 N: 3609133491	0 1 30
6 1	LAST NAME THOMPSON FIRST NAME CONRAD MIDDLE INITIAL A	
<del></del>	STREET NEW ADDRESS 103 E ALPINE ST	
7	CITY GRANITE FALLS ST WA ZIP 982528465	1 2 31
8	CDL RESTRICTIONS <b>B</b> ENDORSEMENTS <sup>2</sup>	
9 1	DRIVER'S LICENSE # THOMPCA560P4 STATE WA SEX M D.O.B. MMDDYYYY 10 _ 24 _ 1944	1 2 32
10 1	ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET 2 INJURY 1 NATURE OF INJURIES	32
11 4 0	LICENSE PLATE # DP30134 STATE WA VIN# WBAAJ9310MEJ02804	$\perp$
12 4 0	TRAILER PLATE # STATE TRAILER PLATE # STATE	
13 2	1991 BMW 11-3184D 11-4D YES NO	3 1 33
14 2	LABILITY INSURANCE   INSURANCE CO HAPTEODD 55 PMES 2020 215120	FROM TO
15 2	N EFFECT & POLICY # MAN FOLIO 3 FILESCOS 2 19139  CHARGE  CHARGE  TO STOP 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 1 34
16 2	UNIT 02 MOTOR PEDAL- PEDESTRIAN PROPERTY DAMAGE THRESHOLD MET PHONE	4 35
10[2]	LAST NAME GRANBERG FIRST NAME DOUGLAS MIDDLE INITIAL J	4 36
17	STREET NEW ADDRESS 8414 131ST AVE NE	37
18	CITY LAKE STEVENS ST WA ZIP 982588818	38
19	CDL RESTRICTIONS ENDORSEMENTS L	39
20	DRIVER'S   GRANBDJ381N6   STATE   WA   SEX   M   D.O.B.   08   - 26   - 1962	40
21	ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET 2 INJURY 1 NATURE OF INJURIES	
22	LICENSE PLATE # ARU0619 STATE WA VIN# KMHDU46D67U066235	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE 1	1 41
24	VEH. YEAR 2007 MAKE HYUN MODEL ELA4D STYLE 4D VEHICLE TOWED YES NOW TOWED BY YES NOW 1	=
	REGISTERED OWNER INFO. DEBRA GRANBERG 8414 131ST AVE NE LAKE STEVENS WA 98258  VEHICLE NO. 2 SHADE IN DAMAGEA AREA  LIABILITY INSURANCE V INSURANCE CO STATEFARM 388 4605-A12-47 IN FFEFCT  A POLICY # 9 TOP	
25	IABUITY INSURANCE  INSURANCE CO STATEFARM 388 4605-A12-47  NEFFECT  VEHICLE YES NO CITATION # CHARGE  CHARGE  TO BOTTOM  8 7 6	
25	SARDING   SARD	
	PART A 3000-345-159 R (7/06)	





CORRECTION

REPORT NO.

E571968

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59	19	72	)	

2016-00015655

			1591	1972	07102 11						
NIANAE		ADE	NOITIONA	L PERSONS INVO	DLVED (PASS	ENGERS AN	D/OR W	ITNESSE	S ONLY)		
NAME (LAST, FIRST, MIDDLE IN	NITIAL)										
ADDRESS & PHONE #								SEX	D.O.B. MMDDYYYY		
PASSENGER W	'ITNESS UNIT	#	SEAT POS.	AIRBAG	RESTR.	EJECT	Г	HELMET USE	INJUR' CLASS	Y S	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE IN	NITIAL)										
ADDRESS & PHONE #								SEX	D.O.B. MMDDYYYY		
PASSENGER W	TITNESS UNIT	#	SEAT POS.	AIRBAG	RESTR.	EJEC1	г	HELMET USE	INJUR' CLASS	Y S	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE IN	NITIAL)										
ADDRESS & PHONE #								SEX	D.O.B. MMDDYYYY		
PASSENGER W	'ITNESS UNIT	#	SEAT POS.	AIRBAG	RESTR.	EJECT	г	HELMET USE	INJUR' CLASS	Y S	NATURE OF INJURIES
					NARRA	ΓΙΥΕ					
DACCENCED - WITNESS - LINIT #   DEAT   LABBAC   DECTD   FIECT   HELIVIET   HINDURY											
APPROVED BY  W. AUKERMAN OC	072						DATE	8/9/2016	6 3:51:29 PN	1	
	0072	ORI#	14/40	211000		TIME POLIC	E DISPATO	HED 2.00	s PM	TIME	POLICE ARRIVED 2:06 PM

**REPORT NO.** E571968

CASE # 2016-00015655

DATE AND TIME 08/09/16 14:04 OF COLLISION

